DIFFERENCES IN LEVELS OF DEPRESSION IN ELDERLY WHO TAKE CURSE AND DO NOT TAKE CURSE IN INGIN JAYA DISTRICT, ACEH BESAR DISTRICT

PERBEDAAN TINGKAT DEPRESI PADA LANSIA YANG MENGIKUTI PENGAJIAN DAN TIDAK MENGIKUTI PENGAJIAN DI KECAMATAN INGIN JAYA KABUPATEN ACEH BESAR

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ABSTRACT

The elderly are old people who already have a lot of time to practice their religious activities, including taking part in recitations. The elderly who do not regularly participate in recitation activities experience depressive symptoms such as; a lack of confidence, feeling lonely, and loss of enthusiasm and hope in life. This study aims to determine the difference in the level of depression in the elderly who attend recitations and do not attend recitations at Kaye Lee Village, Ingin Jaya District, and Aceh Besar District. This research is quantitative with a comparative descriptive approach. The number of respondents in this study was 88 seniors, with the condition 44 elderly people attended the recitation and 44 did not attend the recitation. Sampling was carried out using purposive sampling. The results showed that results of the Mann-Whitney test showed that the mean rank level of depression in the elderly in the group taking part in recitation was 38.52 and in the group not attending recitation was 50.49 and the p-value was 0.025. The level of depression in the group attending the recitation was lower than the group who did not attend the recitation, meaning that the elderly who were active in recitation activities had a lower risk of experiencing depression. It is recommended that the results of this study form the basis for establishing programs to empower the elderly in the community, such as recitation programs in the village for social interaction and spiritual needs with the surrounding community, especially on aspects of the quality of life for the elderly in facing old age.
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Keywords: depression; elderly; recitation

ABSTRAK

Lansia merupakan usia lanjut yang sudah memiliki banyak waktuuntuk mengamalkan kegiatan keagamaannya termasuk mengikuti pengajian. Lansia yang tidak mengikuti kegiatan pengajian secara rutin mengalami gejala-gejala depresi seperti merasa kesepian, kurang percaya diri, kehilangan semangat dan harapan. Penelitian ini bertujuan mengetahui perbedaan tingkat depresi pada lansia yang mengikuti pengajian dan tidak mengikuti pengajian di Desa Kaye Lee Kecamatan Ingin Jaya Kabupaten Aceh Besar. Penelitian ini bersifat kuantitatif dengan pendekatan deskriptif comparative. Jumlah responden dalam penelitian inisebanyak 88 orang lansia, dengan ketentuan lansia yang mengikuti pengajian 44 orang dan tidak mengikuti pengajian 44 orang. Pengambilan sampel dilakukan dengan menggunakan purposive sampling. Hasil penelitian menunjukkan dari hasil uji Mann-whitney didapatkan nilai mean rank tingkat depresi lansia pada kelompok megikuti pengajian sebesar 38,52 dan pada kelompok tidak mengikuti pengajian 50,49 serta nilai p-value 0,025. Tingkat depresi pada kelompok mengikuti pengajian lebih rendah dibandingkan kelompok yang tidak mengikuti pengajian, artinya lansia yang aktif dalam kegiatan pengajian memiliki resiko lebih rendah dalam mengalami depresi. Disarankan hasil penelitian ini menjadi dasar penetapan program-program pemberdayaan lansia dalam masyarakat, seperti program pengajian di desa untuk interaksi sosial dan kebutuhan spiritual dengan masyarakat sekitar, terutama pada aspek kulitas hidup lansia dalam menghadapi masa tua.

Kata Kunci: depresi; lansia; pengajian

INTRODUCTION

Depression is an emotional disorder characterized by feeling unhappy, depressed, sad, lacking in enthusiasm, feeling worthless, meaningless, and pessimistic about the life one lives. Many things can cause depression in the elderly, for example, their economic life is not guaranteed by their families so they still have to make a living for themselves, their fear being alienated from their families, and the fear being ignored by their children (Mustiadi, 2014).

According to World Health Organization (WHO) (2013), depression is the third largest psychological disorder which is estimated to occur in 5% of the world's population. Research conducted by Pracheth et al (2013) in India, gave results of the 218 elderly people studied, there where 64 people (29.36%) who experienced depression. Basic Health Research data (2013) shows that the morbidity rate of the elderly population reaches 25 percent, in other words, 25 out of 100 elderly people are sick (Riset Kesehatan Dasar, 2013).

Due to the physical and psychological changes of the elderly, many of them experience depression, which is one of the most common illnesses in the world. The national prevalence of depressive disorders reaches 35% and women have a higher prevalence of 37%. The elderly population experiencing major depression is estimated to be around 1-4%. This figure is equal to the incidence of 0.15% per year. Minor depression has a prevalence of 4-13% (Riset Kesehatan Dasar, 2013).

Depression prevalence data in Indonesia is high. The prevalence of depression in the elderly in primary health care is 5-17%, while those who receive home care services are 13.5%. The prevalence of mental-emotional disorders in Indonesia is based on the age group 55-64 years ±0.7%, 65-74 years 10.0%, and 75 years and over >10.0% and the prevalence of severe mental disorders is highest by province, namely in Yogyakarta and Aceh (2.7% each) and the prevalence of severe mental disorders in North Sulawesi is 0.8% (Riset Kesehatan Dasar, 2013).

Depression in the elderly usually occurs together with chronic physical problems that are prone to be experienced by the elderly. They also become depressed because they know that most of the process of life they did not go through. They seem to feel left behind and helpless against their surroundings, in this case, obstacles are often found both in movement, action, and way of thinking. This can lead to a completely unmotivated state and a complete loss of attention to one's surroundings (Santoso.H, 2015).

At an advanced age, the body will reach its maximum development point, after which the body begins to shrink due to the reduced number of cells in the body. As a result, the body will also experience a gradual decline in function which is also known as the aging process. Getting old is a natural process which means that a person has gone through the stages of his life, that is, he has become a neonate, toddler, pre-school, teenager, adult and in time becomes an elderly person. which is characterized by a decrease in physical, psychological and social conditions that interact with each other (Padila, 2013).

According to World Population Prospects: the 2015 Revision, in 2015 there were 901,000,000 people aged 60 years or over, comprising 12 percent of the global population and by 2050 the elderly population is projected to more than double in 2015, reaching 2.1 billion (Divisions, 2015). WHO stated that in the Southeast Asian region the elderly population is around 142 million people. In 2050 it is estimated that the elderly population will increase 3 times from this year. In 2000 the number of elderly people was around 5,300,000 (7.4%) of the total population, whereas in 2010 the number of elderly people was 24,000,000 (9.77%) of the total population, and in 2020 it is estimated that the number of elderly people will reach 28,800,000 (11.34%) of the total population (Kemenkes, 2014).

Population census data shows that the number of elderly people in Indonesia in 2010 was 18.1 million people (7.6 percent of the total population), in 2014 it increased to 20.24 million people (8.03 percent of the population) (Statistics, 2014). It is estimated that the number of elderly people in Indonesia in 2020

will reach 28.8 million people or around 11% of the total population of Indonesia. In 2021, the number of elderly in Indonesia is estimated to reach 30.1 million people, which is the 4th place in the world after China, India, and the United States. By 2050 the number is expected to increase to more than 50 million people. An elderly population is an age group that is vulnerable to degenerative diseases (Kemenkes, 2014).

Increasing life expectancy certainly also has an impact on disorders or diseases in the elderly, one of which is depression which is a psychological disease. Mental disorders that are often suffered by the elderly are depressive disorders, cognitive disorders, phobias, and alcohol use disorders. Based on the theory that elderly people over 65 years old have a level of depression, this disease can be experienced by everyone regardless of gender, social status, race, ethnicity, nation (Padila, 2013).

Elderly people who are normal or not depressed are caused by psychological factors and have good psychosocial skills, easily socialize with their surroundings, and still receive attention and support from their families. The elderly feel more comfortable with the environment in the institution than in the previous environment. So that they have enthusiasm and motivation in carrying out physical activities (Azizah, 2011).

Factors that cause depression in the elderly are usually biological, psychological, chronic stress, and drug use. The biological factors are genetics, structural changes in the brain, vascular risk, and physical weakness. Psychological factors include personality type and support (Sadock, 2015).

In addition, grieving, pain, and loss of control can affect the personal integrity of the elderly. This can be neutralized or eliminated with a strong spiritual life (Stanley, M., & Beare, 2012). A state of low spirituality will support spiritual distress, to find out if an elderly person has high or low spirituality, several studies must be carried out using several spirituality instruments (Destarina, 2014).

According to Videbeck (2012) states that studies show that spirituality is genuine help for many adult individuals who experience psychiatric problems, acts as the main coping medium and is a source of meaning and coherence in their lives, or helps provide social networks (Sheila L. Videbeck, 2012).

The results of research conducted by Cahyono (2013), at UPT social services for elderly Magetan and obtained a population of 87 elderly. Based on the sample in the study, 30 people were found and had a variety of ages, namely 60-74 years. The instrument used is a modified instrument from the results of previous researchers. It was found that there was a very strong relationship between spiritual activity and the level of depression in the elderly at UPT Magetan Elderly Social Services (Cahyono, 2013).

Individual manifestations in old age are mostly influenced by the personality of each individual in self-control. Religion in this case has a strong role in the self-control of the elderly. Elderly who practice religion well and istiqomah will be able to control themselves well and vice versa. So that religion has an important role in controlling the behavior of the elderly in dealing with their lives. The elderly are old people who already have a lot of free time to practice their religion, including taking part in recitations in the community (Zakiyah and Hasan, 2017).

Older people are more interested in activities related to socio-religious activities and things that can make them useful people, both themselves and others. This is because in old age a person is no longer burdened with family and work responsibilities so they are more interested in engaging in religious practice (Zakiyah and Hasan, 2017).

The province of Aceh is one of the provinces in Indonesia that has special autonomy for implementing Islamic law. This is very supportive of all religious activities, which are based on Islam. One of them is recitation activities that have been arranged in Islamic Shari'a qanuns through sharia pilot village development activities.

Of course, this supports and motivates the elderly in participating in recitation activities. This Qanun has the goal of seeking fundamental changes in the life of the kampong community in all activities, to create prosperity, and harmony under the guidance of Islamic law (Dinas Syariat Islam Aceh, 2017).

Based on the results of a preliminary survey conducted by researchers by conducting interviews and observations of 10 elderly people in Kaye Lee Village, Want Jaya District, regarding the activeness of the elderly attending recitations. Of the 10 elderly people who were interviewed and observed, 2 of them attended recitation activities regularly but still experienced symptoms of depression, 5 elderly people who attended recitation activities regularly did not experience depression, and 3 other elderly people did not attend recitation activities. routinely experience depressive symptoms such as feeling lonely, lack of confidence, and loss of enthusiasm and hope.

Based on the above phenomena and these problems, the authors are interested in conducting research on the difference in the level of depression in the elderly who attend recitations and do not attend recitations in Kaye Lee Village, Ingin Jaya District, Aceh Besar District.

METHOD

This research method is quantitative with a comparative descriptive design. The subject of this research is the elderly. The research has been carried out for one month, namely on July to August 2022 in Kaye Lee Village, Ingin Jaya District, Aceh Besar District. The statistical test used in this study is the Mann-Whitney U test.

The number of samples in this study was 88 elderly people who were taken using a non-probability sampling technique, namely purposive sampling of the population. Researchers divided the samples into 2 groups that are, with provision that there are 44 elderly who attend the recitation and 44 elderly who do not attend the recitation with the following inclusion criteria; elderly who are willing to be respondents, elderly who are located in Kaye Lee Village, Want Jaya District, Aceh Besar District, elderly who attend recitation and

elderly who do not attend recitation, elderly aged 60 years and over and did not experience psychiatric disorders or were sick during the study period.

This research was conducted by visiting respondents from house to house and locations of recitation activities. Before developing the questionnaire, the researcher first explained the research objectives. After that, ask the respondent to fill out the respondent's consent form, as proof of voluntarily becoming a respondent.

The instrument in this study uses a questionnaire that measures depression Levels in the Elderly. The form of the questionnaire is as follows: For the Geriatric Depression Scale instrument, it is no longer necessary to test the validity and reliability because it is already standardized and has often been used in research. Geriatric Depression ScaleIt has a simple format with easy-to-read questions and responses. The Geriatric Depression Scale has been validated in various elderly populations, including in Indonesia. The GDS that will be used is the Geriatric Depression Scale-15 questionnaire (GDS-15).

The questionnaire with 15 question items answered with "Yes" and "No" answers. For question numbers 1, 5, 7, 11, and 13 if the answer is "Yes" then it is worth 0, and given a code "0" for the answer "Yes" then if the answer is "No" then it is worth 1 and given a code "1" for the answer "No". Whereas for question numbers 2, 3, 4, 6, 8, 9, 10, 12, 14, and 15 if the answer is "No" then it has a value of 0 and is coded "0" for the answer "No" then if the answer is "Yes" it is worth 1 and coded "1" for the answer "Yes".Where is the score: A score of 0-4 indicating no depressive symptoms is normal. A score of 5-8 indicates mild depression, A score of 9-11 indicates moderate depression and a score of 12-15 indicates major depression(Gallo, JJ, and Gonzales, 2001). Data analysis used univariate analysis to describe the characteristics of each variable studied and bivariate analysis with Mann-Whitney U testto prove the difference between the two groups of variables studied.

This research has been declared pass and is eligible to carry out research by the

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RESULTS

Table 1 Distribution of frequency and percentage based on Respondent Characteristics in Kaye Lee Village, Ingin Jaya District, Aceh Besar District (n: 88)

Characteristics		Elderly Attending Recitation		Elderly Who Do Not Follow Recitation	
		f	%	f	%
Age					
a.	60-74 Years	35	79.5	30	68,2
b.	75-89 Years	9	19.5	14	31.8
Gender					
a.	Man	17	38,6	3	29.5
b.	Woman	27	61,4	31	70.5
Education					
a.	No school				
b.	SD	14	31.8	12	7,3
c.	Junior High School	20	45.5	16	36,3
		6	13,7	7	15,9
d.	Senior High School	2	4,5	4	9,1
		2	4,5	5	11,4
e.	DIII/S1				
	Amount	44		44	

Based on table 1. the results showed that the majority of respondents aged 60-74 years were 35 people (79.5%) and a minority aged 75-89 years were 9 people (19.5%) with the majority of respondents being female, namely 27 people (61.4%) and the minority male sex as many as 17 people (38.6%). Based on education, the majority of respondents had elementary school education, namely 20 people (45.5%) and a minority had DIII/Higher Education and SMA education, namely 2 people (4.5%).

Meanwhile, from the 44 respondents in the elderly group who did not attend the recitation, the results showed that the majority of respondents were aged 60-74 years as many as 30 people (68.2%) and a minority aged 75-89 years were as many as 14 people (30.8%) with the majority of the female sex, namely as many as 31 people (70.5%) and a minority of male sex, namely as many as 13 people (29.5%). Based on the level of education, the majority of respondents had elementary school education, namely 16 people (63.3%) and a minority with high school education, namely 4 people (9.1%), with all respondents married, namely 44 people (100%).

Table 2 Distribution of frequencies and percentages based on the level of depression in the elderly who attend recitations and do not attend recitations in Kaye Lee Village, Ingin Jaya District, Aceh Besar District (n: 88)

Depression	Elderly Attending Recitation		Elderly Who Do Not Follow Recitation	
	f	%	f	%
Normal	36	81.8	33	75
Light	8	17,2	8	18,2
Currently	0	0	3	6,8
Heavy	0	0	0	0
Amount	44	100	44	100

Based on table 2. This study can be seen from the 44 elderly group respondents who attended the recitation, the majority of respondents had a normal depression level of 36 people (81.8%). Whereas in the group of elderly who did not take part in the recitation, out of 44 respondents it was found that the majority of respondents had a normal level of depression, namely 33 people (75%) and a minority of respondents had a moderate level of depression, namely 3 people (6.8%).

Table 3. Distribution of Differences in Levels of Depression in Elderly Attending Recitations and Not Attending Recitations in Kaye Lee Village, Ingin Jaya District, Aceh Besar District.

Category	n	Means rank	Median	Min - Mak	P value
Follow the Study	44	38,51	2	1-8	0.025
Not Attending Study	44	50,49	3	1-9	

Based on table 3. The results of this study showed that the median value of the group that attended recitation 2 was with a minimum value of 1 and a maximum of 8. Meanwhile, in the group that did not take part in the recitation, the median value was 3 with a minimum value of 2 and a maximum of 0. The average rating (mean rank) the group attending the recitation was 38.51 lower than the group not attending the recitation with a value of 50.49 and a pvalue of 0.025. From the results above, it can be concluded that the depression level of the elderly group attending the recitation is better than the elderly group who did not attend the recitation.

DISCUSSION
Elderly Depression Rate
From table 5.2 it can be seen from the 44 elderly group respondents who attended the recitation, the majority of respondents had a normal depression rate of 81.8% and the minority had a mild depression rate of 17.2%. Whereas in the group of elderly who did not attend the recitation, the majority of respondents had a normal depression level of 75% and a minority of respondents had a moderate depression level of 6.8%.

The results of the above study can be explained that the two groups, the majority of the depression levels of the elderly are normal but there is a difference where in the group not taking part in the recitation there are those who experience moderate levels of depression, while in the group attending the recitation no one has moderate depression.

The results of research conducted by Gultom, Bidjuni, & Kallo (2016) at the Senja Cerah Manado Elderly Support Center (BPLU) show that 68% of respondents have high spiritual activity with low levels of depression (Gultom, 2016)The results of this study are in line with research conducted by Mustiadi (2014) concerning the relationship between spiritual activity and the level of depression in the elderly in the social rehabilitation unit Weing Wardoyo Urungan Kab. Semarang where overall the spiritual activity of the elderly is in the high category.

The results of this study are also supported by Trisnawati's research (2010), entitled aboutThe relationship between religious activity and the level of depression in the elderly at the Tresna Werda Social Institution, Budi Mulia Unit, Yogyakarta. Getthe results of the study showed that most of the religious activities of the respondents were included in the good category, namely 23 respondents (51.1%). The results of the study of 45 respondents found that 15 respondents (33.3%) with good religious activity did not experience depression (Trisnawati, 2011).

Depression is a psychiatric problem that often occurs in the elderly, feeling lonely, isolated, and feeling unnoticed allows depression to occur (Marwiati, 2010). Spirituality helps the elderly to deal with existing problems. Every individual must have a spiritual aspect, although with different levels of experience and practice based on the values and beliefs they believe in and there is an inverse relationship between the frequency of daily spiritual experiences and depressive symptoms in the elderly (Underwood, 2011).

Spirituality and religion play an important role in the life of the elderly. Spirituality helps to overcome problems caused by changes in life and helps the elderly to face tomorrow. Daily spiritual experience has a positive relationship with feelings of happiness, optimism, self-respect, and acceptance of the life one has (Underwood, 2011)

Respondents who regularly attend recitations have a good spiritual level and directly affect their level of depression because participating in recitations can make respondents feel calm, peaceful, and not lonely because they can still socialize with the environment.

Comparison of Elderly Depression Between Groups Attending and Not Attending Recitation
Based on the results of the Mann-Whitney test, it was found that the mean rank level of depression in the elderly in the group taking the recitation was 38.52 and in the group not taking the recitation was 50.49 and the pvalue was 0.025. In other words, the mean rank score for

depression in the group attending the study was lower than the group not attending the study, meaning that the depression level in the group attending the study was better than the group not attending the study.

The results of this study are in accordance with research conducted by Kurninanto, Purwaningsih, and Nihayati (2011) which states that the mean score (level) of depression shows a decrease after being given spiritual guidance according to Islamic teachings with a value of 5.4 which was previously 11.4, which indicates respondents experienced a decrease in score (level) of depression (Kurnianto, 2011). Spirituality provides benefits for physical and mental health, including through relaxation responses, healthy behavior, social support, meaning in life, adaptive coping, positive psychological (emotional) states (Hussain, 2010).

Good spirituality creates positive emotions (happiness, joy, gratitude and a sense of calm) causes the glands and brain to produce other types of hormones and neuropeptides that provide benefits and support health and increase the body's resistance to infections and other diseases (Wahyuningsih, 2012).

Religious activities such as meditation or prayer elicit a "relaxation response" that contributes to decreased activity of the sympathetic nervous system, decreased blood pressure, decreased muscle tension. Religion contributes to preventing or reducing unhealthy behaviors such as alcohol consumption, smoking and drug abuse. Frequent involvement in religious activities is associated with wider sources of social support and wider sources of social support will have a positive impact on physical and mental health. Spirituality is considered a powerful coping mechanism and serves to prevent the adverse effects of stress (Hussain, 2010).

From the results of the study we can see that participating in recitation activities can reduce the level of depression in the elderly, this is because recitation activities are religious activities that have a relaxation response that helps the elderly to face old age and become

activities that are closer to the Creator so as to create a mechanism elderly coping becomes better to deal with existing stressors. Besides that, recitation activities can have a positive effect on the psychosocial life of the elderly. with the interaction with the community in everyday life, the quality of life will be even better.

CONCLUSION

The depression level of the elderly group who attended the lecture was better than the elderly group who did not attend the study with a -value = 0.025 (<0.05). Based on the results of the Mann-Whitney test, it was found that the mean rank level of depression in the elderly in the group taking the recitation was 38.52 and in the group not taking the recitation was 50.49 and the -value was 0.025.

It is hoped that the Village and Subdistrict Governments can build or provide services and facilities that support mental and physical health activities for the elderly. The results of this study can be an illustration for the government in carrying out activities that benefit the elderly.

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